

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Box Patent Application  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

17302 U.S. PTO  
10/626830  
07/24/03

NEW APPLICATION TRANSMITTAL

Transmitted herewith for filing is the patent application of for John Ernest Sims and Dixon B. Kaufman **IL-1 Genotype In Early Kidney Allograft Rejection**.

CERTIFICATION UNDER 37 C.F.R. § 1.10

I hereby certify that this New Application Transmittal and the documents referred to as enclosed therein are being deposited with the U.S. Postal Service on this date **July 24, 2003** in an envelope as "Express Mail Post Office to Addressee" Mailing Label Number **EV 329 479 087 US** addressed to: **Box Patent Application**, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

  
Susan M. McClintock

1. **Type Of Application**  
This new application is for a(n)  
☒ Original (nonprovisional)
2. **Papers Enclosed That Are Required For Filing Date Under 37 C.F.R. § 1.53(b) (Regular) or 37 C.F.R. § 1.153 (Design) Application**  
17 Pages of Specification  
2 Pages of Claims  
1 Page of Abstract  
0 Sheets of Informal Drawings
3. **Combined Declaration and Power of Attorney**  
☒ Not Enclosed
4. **Inventorship Statement**  
The inventorship for all the claims in this application is:  
☒ the same
5. **Language**  
☒ English
6. **Fee Calculation (37 C.F.R. § 1.16)**  
☒ Regular application

CLAIMS AS FILED

Number Filed	Number Extra	Rate	Basic Fee - \$750.00 (37 C.F.R. § 1.16(a))
Total Claims (37 C.F.R. § 1.16(c))	10 - 20 =	0 × \$18.00 =	\$0.00
Independent Claims (37 C.F.R. § 1.16(b))	5 - 3 =	2 × \$84.00 =	\$168.00
Multiple Dependent Claim(s), if any (37 C.F.R. § 1.16(d))	+ \$280.00 =		\$280.00
Filing Fee Calculation			\$1198.00

7. **Fee Payment Being Made At This Time**  
☒ Not Enclosed  
☒ No filing fee is to be paid at this time. (This and the surcharge required by 37 C.F.R. § 1.16(e) can be paid subsequently.)

8. **Authorization To Charge Additional Fees and Credit Overpayment**

- ☒ The Commissioner is hereby authorized to charge payment of any fees associated with this communication or credit any overpayment to Deposit Account No.: **08-1290**. **An originally executed duplicate of this transmittal is enclosed for this purpose.**

9. **Return Receipt Postcard**

- ☒ Enclosed

Dated: July 24, 2003



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☒ **Statement Where No Further Pages Added**

- ☒ This transmittal ends with this page.